**2018 INDIANA DRUG DISCOVERY ALLIANCE (IDDA)**

**APPLICATION**

**PRINCIPAL INVESTIGATOR**:

RANK / TITLE: eRA COMMONS:

DEPARTMENT:  SCHOOL:

INSTITUTION / AFFILIATION: PURDUE  IUB IUSM  IUPUI  UND  IBRI

CAMPUS ADDRESS:  EMAIL:

ADDRESS WHERE WORK WILL BE PERFORMED:

**Co-INVESTIGATOR/COLLABORATOR**:

RANK / TITLE: eRA COMMONS:

DEPARTMENT and SCHOOL:

INSTITUTION / AFFILIATION: PURDUE  IUB IUSM  IUPUI  UND  IBRI

CAMPUS ADDRESS:  EMAIL:

TITLE OF PROPOSAL:

**CORE FACILITY TO BE UTILIZED:**

**CORE DIRECTOR:       EMAIL:**

**CORE** **INSTITUTION / AFFILIATION: IUB  IUPUI IUSM  PURDUE  UND**   **IBRI**

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| --- | --- | --- | --- | --- | --- |
|  | YES | NO | Protocol Number | Approval Date | (or Pending) |
| RECOMBINANT DNA? |  |  |  |  |  |
| HUMAN SUBJECTS? |  |  |  |  |  |
| VERTEBRATE ANIMALS? |  |  |  |  |  |

Have you previously submitted a proposal to the IDDA: Yes :  No :

If yes, does the current application represent a new research area or approach: Yes :  No :

REQUIRED SIGNATURES: “The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application.”

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **IUSM** | |
| Department Head / Chair(1) |  |

(1) Departments of Medicine and Pediatric: Division Chief Signature is requested in lieu of the Department Chair. Institutional Official Signature is not required.

|  |  |
| --- | --- |
| **IBRI** | **Signature and Date** |
| Applicant |  |
| Chief of Staff/ Executive Vice President |  |

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| --- | --- |
| **IUB, IUPUI** | |
| Department Head / Chair |  |
| School Dean |  |

|  |  |
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| **Purdue University** | |
| Department Head / Chair |  |
| Institutional Official(1) |  |

Signature approval by any Sponsored Program Services (SPS) Pre-Award Center Manager is required by Purdue University applicants.

|  |  |  |
| --- | --- | --- |
| **University of Notre Dame** | **Signature and Date** | |
| Applicant | |  |
| Department Head / Chair | |  |
| Indicate intent to submit to Melanie DeFord via email ([mdeford@nd.edu](mailto:mdeford@nd.edu)).  Work with your pre-award research administrator.  Institutional routing is required.  If you have any questions, contact Richard Hilliard ([richard.a.hilliard.1@nd.edu](mailto:richard.a.hilliard.1@nd.edu)) or Melanie DeFord ([mdeford@nd.edu](mailto:mdeford@nd.edu)). | | |
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Principal Investigator/Program Director (Last, first, middle):

1. RESEARCH PLAN (**Not to exceed 2 pages**): Research Plan should have at least 0.5 inch margins and is not to exceed 2 single-spaced pages, including references. Font must be clear and readily legible and reasonable size, at least 11 point (ex. Arial 11pt). The

Research Plan narrative should include:

1. *A brief background describing the drug discovery-related project emphasizing therapeutic relevance and significance.*
2. *A description of the current status of project.*
3. *A description of the current barriers that exist for project progress and a description of the research with respect to the classification of the program (Chemical Lead Development, Biological Target Validation, or Molecular Design and Library Development)*
4. NIH-style bio sketches (four-page limit) for the PI and co-investigators should be included as an appendix.
5. Complete IDDA RedCap SURVEY: See link below

[Indiana Drug Discovery Alliance (IDDA) application survey](https://redcap.uits.iu.edu/surveys/?s=W7LXYCH7E4)